# Streamlined 5-Year Plan for Fiscal Years 2010 - 2014 Streamlined Annual Plan for Fiscal Year 2010

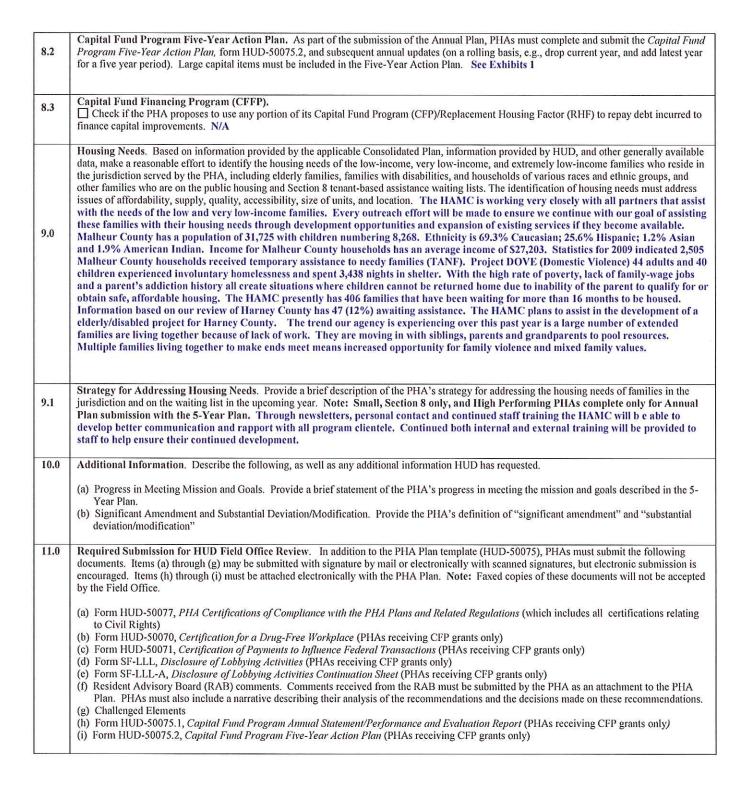
#### **Housing Authority of Malheur County OR027**



Prepared by the Housing Authority of Malheur County Merlene Bourasa, Interim Executive Director 959 Fortner Street Ontario, Oregon 97914 (541) 889-9661/Fax: (541)889-6487

PHA 5-Year and	U.S. Department of Housing and Urban	OMB No. 2577-0226
The control of the co	Development	Expires 4/30/2011
Annual Plan	Office of Public and Indian Housing	

1.0	PHA Information					
	PHA Name: Housing Authority of Ma			PHA Code:	OR027	
	PHA Type: Small High	Performing	☐ Standard	☐ HCV (Section 8)		
	PHA Fiscal Year Beginning: (MM/YYYY):	10/2010				
20	I / / I 100 i / CD		101			
2.0	Inventory (based on ACC units at time of F	Y beginning i		1 (110)1 1 240		
	Number of PH units: 40		Nu	imber of HCV units: 349		
3.0	Submission Type					
3.0		Annual P	elan Only	5-Year Plan Only		
	23-1 cai and Aimidal I lan	☐ Aimuai r	ian Only	3-1 cal Flail Olly		
4.0	PHA Consortia	IA Comment's	· (Cl1-1	N111-1-1-1-1-		
	THA Consortia	HA Consortia	: (Check box if submitting a join	it Plan and complete table belo	(W.)	
		DITA	December (2) I also list of	D Maria	No. of Units	s in Each
	Participating PHAs	PHA	Program(s) Included in the	Programs Not in the	Program	
		Code	Consortia	Consortia	PH	HCV
	PHA 1:					
	PHA 2:					
	PHA 3:					
5.0		1	· · · · · · · · · · · · · · · · · · ·			
	5-Year Plan. Complete items 5.1 and 5.2 on	iy at 5-Year F	rian update.			
5.1	Mission. State the PHA's Mission for serving	g the needs o	f low-income, very low-income.	, and extremely low income far	milies in the Pl	HA's
	jurisdiction for the next five years:. The Hou	ising Author	ity of Malheur County is dedic	ated to the improvement of t	he quality of l	ife for all
	those it serves through the provision of de	cent and affo	rdable housing, rental assistar	ice, homeownership opportu	nities, in an er	vironment
	free from discrimination, while promoting	dignity and	family self-sufficiency in the p	rocess.		
5.2	Goals and Objectives. Identify the PHA's of					
	low-income, and extremely low-income fam					
	and objectives described in the previous 5-Y	ear Plan. PH	A Goals and Objectives - to ap	pply for additional rental vou	chers if fundi	ng becomes
	available, maintain occupancy rates at 989	% or better, l	leverage private or other publi	ic funds to create additional l	ousing oppor	tunities.
	Expand the HAMC homeownership progr					
	Program. Maintain high performer score				and very low	income
	families in Malheur and Harney County in	order to ex	pand their housing and assista	nce opportunities.		
	Posterior Posterior					
	Progress Report					
	Funds awarded by Oregon Housing and (	Community 6	Saurians constructed a new west	Montial hausing unit known	so the Mandow	ulauli kansa
	Funds awarded by Oregon Housing and C in Ontario Oregon for a low income family					
	homebuyers for six low income families w	th two more	nonding	rogram has successfully prov	raca mist tim	e .
	nomeduyers for six low income families w	tii two more	pending.			
	PHA Plan Update					
	v min opanie					
6.0	(a) Identify all PHA Plan elements that have	been revised	by the PHA since its last Annua	al Plan submission: Capital In	nprovement N	leeds
0.55	successfully completed to Low Rent Public					
	available for public review and inspection			and aparts	i in documen	io iii c
	(b) Identify the specific location(s) where th	e public may	obtain copies of the 5-Year and	Annual PHA Plan. For a com-	olete list of PH	A Plan
	elements, see Section 6.0 of the instruction					
	Ontario, Oregon 97914; Malheur and					
	AC ALLEGE CONTROL BOOK AND	Here I Have been been been been been been been be	MODER® - MEDITO CONTROLOGICA TOTAL			
7.0	Hope VI, Mixed Finance Modernization o	r Developme	nt, Demolition and/or Disposit	ion, Conversion of Public Ho	using, Homeo	wnership
	Programs, and Project-based Vouchers. 1					•
8.0	Capital Improvements. Please complete Pa	orts 8.1 throug	gh 8.3, as applicable. See Exhib	its 1		
		> 27			015.00001	
0.000	Capital Fund Program Annual Statement					
8.1	complete and submit the Capital Fund Progr		tatement/Performance and Eval	uation Report, form HUD-500	75.1, for each	current and
	open CFP grant and CFFP financing. See E	xhibits 1				



#### HAMC VAWA POLICY

The HAMC VAWA Policy provides that "criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of the tenancy or occupancy rights, if the tenant or immediate family member of the tenant's family is the victim or threatened victim of that abuse." The HAMC VAWA Policy further provides that incidents of actual or threatened domestic violence, dating violence, or stalking may not be construed either as serious or repeated violations of the lease by the victim of such violence or as good cause for termination the tenancy or occupancy rights of the victim of such violence.

If the HAMC can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if the tenant's tenancy is not terminated, the HAMC will bypass the standard process and proceed with the immediate termination of the family's lease.

When a victim notifies the HAMC it will be reviewed and a determination made as to what steps the HAMC will assist with relocation of the victim, if necessary. The HAMC will ensure the victim is referred to other local agencies that may be able to assist.

#### HAMC Signification Amendment and Substantial Deviation/Modification

The HAMC defines substantial deviation as: significant amendments or modifications to the annual plan, which materially impact the goal and objectives of the five-year plan. This would include any changes in the mission statement or a major revision or abandonment of one or more of the goals in the five-year plan. It would not include a delay in the implementation of any particular component caused by business needs or deviations based on emergencies or circumstances out of the HAMC's control. Includes admissions preferences, demolition or disposition or conversion programs. Discretionary or administrative amendments consonant with the HAMC's state overall mission and basic objectives will not be considered substantial deviations or significant modifications.

#### Significant Amendment or Modification to the Annual Plan

After submitting the five-year plan or annual plan to HUD, the HAMC may amend or modify any policy, rule, regulation or other aspect of the plan. Each signification amendment or modification to a plan submitted to HUD is subject to the requirements of 903.13, 903.15, and 903.17. If the amendment or modification is a significant amendment or modification, the HAMC:

- a. May not adopt the amendment or modification until the HAMC has duly called a meeting of its Board of Commissioners and the meeting, at which the amendment or modification is adopted, is open to the public; and
- May not implement the amendment or modification until notification of the amendment or modification is provided to HUD and approved by HUD in accordance with HUD's plan review procedures, as provided in 903.23.

The following items will be considered as significant amendments or modifications to the annual plan and accordingly, will require the above process prior to adoption:

- a. Changes to rent policies or admission preferences
- b. Additions of non-emergency work items (items not included in the current Annual Statement or Five-Year Action Plan under the Capital Fund
- c. Any change with regard to proposed public housing demolition or disposition, designation, conversion activities, or ownership of public housing units.

Exceptions to these definitions will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements or other mandated regulatory changes such as building codes, health codes, etc., such changes will not be considered significant amendments by HUD.

## **Exhibits**

#### Index

HUD Form - 50077 HUD Form - 50070 HUD Form - 50071 SF-LLL

Certificate of Consistency
Resident Advisory Board Comments
Challenged Elements – None Received
HUD Form – 50071.1 for FY 2008; FY 2009;
ARRA Funds; FY 2010
HUD Form – 50075.2 Five Year Action Plan

## PHA Certifications of Compliance with PHA Plans and Related Regulations

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

### PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X\_5-Year and/or\_\_\_Annual PHA Plan for the PHA fiscal year beginning \_2010\_\_\_\_, hereinafter referred to as" the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

- 1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
- 2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
- 3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
- 4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
- The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45
  days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and
  invited public comment.
- 6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
- 7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
- 8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a
    pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
- The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
- The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
- 11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

- 12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
- The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
- 14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
- 15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
- The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
- 17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
- 18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
- 19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
- 20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
- 21. The PHA provides assurance as part of this certification that:

Previous version is obsolcte

- (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
- (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
- (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
- 22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Housing Authority of Malheur County PHA Name	OR027 PHA Number/HA Code
5-Year PHA Plan for Fiscal Years 20_10 20_1 Annual PHA Plan for Fiscal Years 20 20	
I hereby certify that all the information stated herein, as well as any information provided prosecute false claims and statements. Conviction may result in criminal and/or civil personal process of the conviction of the convict	ed in the accompaniment herewith, is true and accurate. Warning: HUD will malties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)
Name of Authorized Official	Title
Glen E. Banner	Chairman HAMC Board
Signature	Date
Man E. Banner	July 13, 2010

Page 2 of 2

form HUD-50077 (4/2008)

#### Civil Rights Certification

U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011

#### Civil Rights Certification

#### **Annual Certification and Board Resolution**

HOUSING AUTHORITY OF MALHEUR COUNTY

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

OR027

PHA Name	PHA Number/HA Code
I hereby certify that all the information stated herein, as well as any information pro	wilded in the accommoding at heavilth, is to a end accurate. Warning: WITH will
prosecute false claims and statements. Conviction may result in criminal and/or civi	
	The state of the s
Name of Authorized Official	Title
GLEN E. BANNER	CHAIRMAN, HAMC BOARD
0.0	
Signatura Illen E. Banner	Date 07/13/2010
whole is, of annex	THAMACORANIC CONTROL O

## Certification for a Drug-Free Workplace

### U.S. Department of Housing and Urban Development

Applicant Name	
Housing Authority of Malheur County	
Program/Activity Receiving Federal Grant Funding	
Low Rent Public Housing and Section 8 Voucher Rental Assista	nce
Acting on behalf of the above named Applicant as its Authorize the Department of Housing and Urban Development (HUD) regard	ed Official, I make the following certifications and agreements t ding the sites listed below:
I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	<ul><li>(1) Abide by the terms of the statement; and</li><li>(2) Notify the employer in writing of his or her conviction.</li></ul>
a. Publishing a statement notifying employees that the un- lawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's work- place and specifying the actions that will be taken against employees for violation of such prohibition.	tion for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction c. Notifying the agency in writing, within ten calendar day after receiving notice under subparagraph d.(2) from an em
b. Establishing an on-going drug-free awareness program to inform employees	ployee or otherwise receiving actual notice of such conviction Employers of convicted employees must provide notice, including position title, to every grant officer or other designee of
(1) The dangers of drug abuse in the workplace;	whose grant activity the convicted employee was working unless the Federalagency has designated a central point for the
(2) The Applicant's policy of maintaining a drug-free workplace;	receipt of such notices. Notice shall include the identification number(s) of each affected grant;
(3) Any available drug counseling, rehabilitation, and employee assistance programs; and	f. Taking one of the following actions, within 30 calendarys of receiving notice under subparagraph d.(2), with respec
(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace,	to any employee who is so convicted  (1) Taking appropriate personnel action against such a
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement	employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended;
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will	(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, la enforcement, or other appropriate agency;
cimproyee will are	g. Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs a. thru
<ol> <li>Sites for Work Performance. The Applicant shall list (on separate p HUD funding of the program/activity shown above: Place of Perfor Identify each sheet with the Applicant name and address and the pro</li> </ol>	mance shall include the street address, city, county, State, and zip cod
Housing Authority of Malheur County 959 Fortner Street Ontario, Oregon 97914	
,	
Check here if there are workplaces on file that are not identified on the atta	ched sheets.
I hereby certify that all the information stated herein, as well as any inf Warning: HUD will prosecute false claims and statements. Conviction ma (18 U.S.C. 1901, 101ρ, 1012; 31 U.S.C. 3729, 3802)	ormation provided in the accompaniment herewith, is true and accura y result in criminal and/or civil penalties.
Name of Authorized Official Merlene Bourasa	Interim Executive Director
Signature Signature	Date
x & May Vanana	May 24, 2010

## Certification of Payments to Influence Federal Transactions

Previous edition is obsolete

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Applicant Name	
Housing Authority of Malheur County	
Program/Activity Receiving Federal Grant Funding  Low Rent Public Housing and Section 8 Voucher Rental Assista	nce
The undersigned certifies, to the best of his or her knowledge and	belief, that:
(1) No Federal appropriated funds have been paid or will be baid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.  (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.	(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.  This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
I hereby certify that all the information stated herein, as well as any in:  Warning: HUD will prosecute false claims and statements. Conviction ma (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)  Name of Authorized Official  Merlene Bourasa	
Signature )	Date (mm/dd/yyyy)
The second secon	

#### DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

72. Status of Federal Action:

33. Report Type:

Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011

## Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan

l,	Victor Merced	the	Director	c	ertify	that	the	Five	Year	and
Annual	PHA Plan of the	Housing Authority	of Malheur County	is consisten	t with	the C	Cons	olidat	ed Pla	n of
	State of Oregon	prepared	pursuant to 24	CFR Part 9	1.					

Signed / Dated by Appropriate State or Local Official

## MINUTES FROM THE RESIDENT ADVISORY BOARD MEETING PHA PLAN UPDATE FOR FISCAL YEAR 2010 OF THE HOUSING AUTHORITY OF MALHUER COUNTY HELD June 2, 2010

The Resident Advisory Board (RAB) met to review and discuss the Housing Authority of Malheur County's PHA Plan update for Fiscal Year 2010. The meeting was held at 6:00 p.m. June 2, 2010 at the Parkview Apartment Complex Conference Room, Ontario, Oregon.

#### PRESENT:

The meeting was called to order with the following Resident Advisory Board members in attendance:

Penny Kennison – Public Housing Participant and Tenant Commissioner Barbara Ann Hart – Absent Alberta Savala – Section 8 Voucher Program

Housing Authority Staff in attendance: Merlene Bourasa, Executive Director

Guests Present:

None

Director of Internal Operations Review of PHA Plan for Fiscal Year 2010.

Though the PHA Plan for Fiscal Year 2010, had no significant changes Mrs. Bourasa highlighted the PHA Plan mission and goals, our financial resources, highlighted the several programs the agency is involved with, plans to expand homeownership opportunities for low income families and attachments along with supporting documents.

RAB Comments and Suggestions - None received

#### Adjournment:

Mrs. Bourasa adjourned the meeting at 7:00 pm., June 2, 2010 at the Parkview Apartment Conference Room.

Part I: Summary	ummarv			2000
PHA Name: Hou Malheur County	PHA Name: Housing Authority of  Grant Type and Number  Capital Fund Program Grant No: OR 16P027501-08  Replacement Housing Factor Grant No:  Date of CFFP:	27501-08	HE.	FFY of Grant Approval:
Type of Grant Original An	pe of Grant Original Annual Statement Reserve for Disasters/Emergencies	☐ Revised Annual Statement (revision no:	tement (revision no: )	
I inc	Summary by Development Account	Total Estimated Cost		Total Actual Cost 1
	Chimping	Original Revised <sup>2</sup>	Obligated	Expended
-	Total non-CFP Funds			
2	1406 Operations (may not exceed 20% of line 21) 3	16,095.00	16,095.00	16,095.00
υ,	1408 Management Improvements			
4	1410 Administration (may not exceed 10% of line 21)	8,047.00	8,047.00	8,047.00
()	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs			
8	1440 Site Acquisition			1
9	1450 Site Improvement	4,630.00	4,630.00	4,630.00
10	1460 Dwelling Structures	51,706.00	51,706.00	10,353.44
11	1465.1 Dwelling Equipment—Nonexpendable			
12	1470 Non-dwelling Structures			
13	1475 Non-dwelling Equipment			
14	1485 Demolition			
15	1492 Moving to Work Demonstration			
16	1495.1 Relocation Costs			
17	1499 Development Activities *			

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

Signature	St A	24 Ar	23 Ar	23	21 Ar	20 Ar	19 15	18ba 90	18a 15		Line Su	Performa	Original /	Type of Grant	PHA Name: Housing Authority of Malheur County	Part I. Summary
Signature of Executive Director	Amount of line 20 Related to Facigy Conservation Measures	Amount of lipe 20 Related to Security Aard Costs	Amount of line 20 Related to Security - Soft Costs	Amount of line 20 Related to Section 504 Activities	Amount of line 20 Related to LBP Activities	Amount of Annual Grant: (sum of lines 2 - 19)	1502 Contingency (may not exceed 8% of line 20)	9000 Collateralization or Debt Service paid Via System of Direct Payment	1501 Collateralization or Debt Service paid by the PHA		Summary by Development Account	Performance and Evaluation Report for Period Ending:	Original Annual Statement   Reserve for Disasters/Emergencies		ority Orapital Fund Program Grant No: OR16P027501-08 Replacement Housing Factor Grant No: Date of CFFP:	mary
Date 1/13/2010 Signatur						80,478.00				Original	Total Estimated Cost		gencies			
Signature of Public, How										Revised 2	ited Cost	☐ Final	Revis	)		
using Director	7											l Performance at	sed Annual State		FFY of Grant:2008 FFY of Grant Approval:	
Ymason	7					80,478.00				Obligated	1	Final Performance and Evaluation Report	Revised Annual Statement (revision no:	•	)8 proval:	
Date / /// 3 / 30 %						39,125.44				Expended	Total Actual Cost					

<sup>&</sup>lt;sup>1</sup>To be completed for the Performance and Evaluation Report.

<sup>2</sup>To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup>PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

	SUBTOTAL	Replacement of l	Replacement of Closet Doors	Replace Vanity Lighting	Tub/Shower Replacements	Install Water Saving Toilets	Update Aging Gas eff. units	Improvements	OR02701 - Dwelling   Dwelling Improvements	300 10170	I ATOT WILLS		OR02701 - Site Site Improvements	SUB TOTAL	Administration	SUB TOTAL	PHA Wide Operations				Development Number General Descrip		PHA Name: Housing Authority of Malheur County	Part II: Supporting Pages
		Replacement of Incandescent Lights	Closet Doors	Lighting	lacements	ving Toilets	Update Aging Gas Furnaces to 94-95% eff. units		ements			Installation Parking Security Lighting	S							Categories	General Description of Major Work	Replace		
	1460	1460	1460	1460	1460	1460	1460		1460	1.000	1450	1450	1450	1410	1410	1406	1406			Account No.	Development	CFFP (Yes/No): Replacement Housing Factor Grant No:	Grant Type and Number Capital Fund Program Grant No: OR16P027501-08	
		10 Units	4 Units	10 Units	10 Units	10 Units	/ units					6 Lights									Quantity	rant No:	): OR16P027501	
80.478.00	51,706.00	1,297.80	17,210.06	2,100.00	17,244.70	3.500.00	10,505,44	1000			4.630.00	4,630.00		8,047.00	8,047.00	10.090.00	10,092,00	1000	Original		Total Estimated Cost		-08	
																			Revised '		ed Cost		rederal r	5
80,478.00	51,706.00	1.297.80	17,210.06	2,100.00	17,244.70	3,500.00	10,555.44	10.25.44			4,630.00	4,630.00		8,047.00	8,047.00	10,095.00	10,095,00	Obligated	Funds		Total Actual Cost		rederal Hr Y of Grant: 2008	-60
39,125.44	10,353,44	0.00	0.00	0.00	0.00	0.00	10,505,01	10 252 44			4,630.00	4,650.00		8.04/.00	8,047.00	00.075.00	10,055,00	Expended	Funds		ost		8	8
		Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Completed	Completed				Completed									Status of Work			

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Part III. Implementation Schedule for Capital Fund Financing Program	dule for Canital Fund	Financino Program			
PHA Name: Housing Authority of Malheur County	y of Malheur County		(4)		Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
OR027001	3/31/2010	3/03/2010	9/12/2012		
HA-Wide/Site	3/31/2010	3/03/2010	9/12/2012		
Improvements					
	141				
And a second sec	A STATE OF THE PERSON NAMED IN COLUMN 1 IN				

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

PHA Name: Hou Malheur County  Type of Grant □ Original Ann 1 Tota 2 1400 3 1400 4 1410 5 1411 6 1413 7 1430 7 1430 11 1460 11 1460 11 1460 11 1460 11 1460 11 1460 11 1460	Part I: Summary						***
	sing Authority of	Grant Type and Number Capital Fund Program Grant No: OR 16P027501-09 Replacement Housing Factor Grant No: Date of CFFP:	7501-09			Add Add	FFY of Grant Approval:
	nnual Statement	Reserve for Disasters/Emergencies		⊠ Revised Annual Statement (revision no: I     Final Performance and Evaluation Report	ment (revision no: I	}	
1 2 2 1 1 5 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6	Summary by Development Account		То	Total Estimated Cost		Total Actual Cost '	il Cost '
1 2 2 1 3 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			Original	Revised <sup>2</sup>	Obligated		Expended
2 3 3 4 4 4 4 7 7 7 10 11 11 12 13	Total non-CFP Funds						
5 5 6 6 6 7 7 7 11 11 11 12	1406 Operations (may not exceed 20% of line 21) 3	% of line 21) <sup>3</sup>	15,755.00	.00		0.00	0.00
5 6 6 7 7 10 11 11 11 12	1408 Management Improvements						
5 6 6 7 7 10 11 11 12 13	1410 Administration (may not exceed 10% of line 21)	110% of linc 21)	7,877.50	.50		0.00	0.00
6 7 7 8 8 8 10 11 11 12 13	1411 Audit						
7 8 8 9 10 11 11 12 13	1415 Liquidated Damages						
\$ 9 9 11 11 11 11 11 11 11 11 11 11 11 11	1430 Fees and Costs						
9 11 12 13	1440 Site Acquisition						
11 12 13 14 15	1450 Site Improvement						
11 23 24 44 65	1460 Dwelling Structures		38,836.00	.00		0.00	0.00
13 13 13 13 13 13 13 13 13 13 13 13 13 1	1465.1 Dwelling Equipment—Nonexpendable	pendable					
t	1470 Non-dwelling Structures		16,306.50	.50		0.00	0.00
4 21	1475 Non-dwelling Equipment						
15	1485 Demolition						
	1492 Moving to Work Demonstration	n					
16	1495.1 Relocation Costs						
17							

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.
<sup>4</sup>

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

Revised Annual Statement (revision no: 1 )   Final Performance and Evaluation Report   Total Actual Cost     vised 2   Obligated     0.00

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

	0.00	0.00	78,775.00	78,775.00		1470	GRAND TOTAL	
	0.00	0.00	12 202 20	16 206 50		4 470		
	0.00	0.00	3,403.25	3,403.25		1470	Replace older fluorescent with Energy Star qualified CFL lights with lighting controls in common areas.	
	0.00	0.00	12,903.25	12,903.25	1	1470	Remodel Administration Office Area	
						1470	Non-Dwelling Improvements	OR02701 - Non- Dwelling Improv.
				00000		1-00	SOBIOLAD	
	0.00	0.00	00 958 85	00 958 85		1460	CID TOTAL	
From 5 Yr Plan for total of 33 units	0.00	0.00	4,136.00			1460	Replace Incandescent Lights	
units	0.00	0.00	4,200.00	3,570.00	17/2 Bdrs	1460	Replace vanity lighting with Energy Star CFL Lights	
Reduction to 10 units	0.00	0.00	16,500.00	29,316.00	17/2 Bdrs	1460	Replace tub/shower enclosures to include low flow faucets	
for total of 21 units	0.00	0.00	14,000.00	5,950.00	17/2 Bdrs	1460	Install water saving toilets	
The SW-Die	2	3					Dwelling Improvements	OR02701 - Dwelling Improvements
	0.00	0.00	7,877.50	7,877.50		1410	SUBTOTAL	
	0.00	0.00	7,877.50	7,877.50		1410	Administration	
						*****	SOB IOIND	
	0.00	0.00	15.755.00	14748		1406	Chorano Louis	FIN-WIG
	0.00	0.00	15,755.00	15,755.00		1406	Operations	PHA-Wide
	Funds Expended <sup>2</sup>	Funds Obligated <sup>2</sup>	Revised '	Original				
Other Park		Total Actual Cost	red Cost	1 of all Estimated Cost	Quantity	Account No.	General Description of Major Work Categories	Development Number Name/PHA-Wide Activities
Status of Work	Pert	Total Actual O	Cont	Batal Batan		,		
	3	Federal FFY of Grant: 2009	Federal F	9	or. OR16P027501	Grant Type and Number Capital Fund Program Grant No: OR16P027501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:	PHA Name: Housing Authority of Malheur County Capital Fund Pro CFFP (Yes/ No): Replacement Ho	PHA Name: Housing Au
								Part II: Sunporting Pages

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

Part III: Implementation Schedule for Capital Fund Financing Program	dule for Capital Fund	Financing Program			
PHA Name: Housing Authority of Malheur County	ty of Malheur County				Federal FFY of Grant: 2009
Development Number Name/PHA-Wide	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Funds (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
OR027001	3/31/2011		9/12/2013		
HA-Wide Dwelling	3/31/2011		9/12/2013		

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended

PHA Name: Hou Malheur County	PHA Name: Housing Authority of						HE TO SEE STATE OF THE PERSON NAMED IN	
		Grant Type and Number Capital Fund Program Grant No: OR16S027501-09 Replacement Housing Factor Grant No: Date of CFFP:	027501-09				FFY of Grant Approval:	pproval:
Type of C	Type of Grant  Original Annual Statement	Reserve for Disasters/Emergencies			Revised Annual Statement (revision no:	evision no: )		
	Summary by Development Account	count		Total Estimated Cost	ated Cost		Total Actual Cost 1	
			Original	ı.	Revised	Obligated	Expended	
1	Total non-CFP Funds							
2	1406 Operations (may not exceed 20% of line 21) 3	d 20% of line 21) 3						
()	1408 Management Improvements	ß.						
4	1410 Administration (may not exceed 10% of line 21)	xcccd 10% of line 21)	10,	10,187.00		10,187.00	ŏ	4,882.15
S	1411 Audit							
6	1415 Liquidated Damages							
7	1430 Fees and Costs							
S	1440 Site Acquisition							
9	1450 Site Improvement							
10	1460 Dwelling Structures		91	91,682.00		91,682.00	ŏ	48,821.50
11	1465.1 Dwelling Equipment—Nonexpendable	lonexpendable						
12	1470 Non-dwelling Structures							
13	1475 Non-dwelling Equipment							
14	1485 Demolition							
15	1492 Moving to Work Demonstration	ration						
16	1495.1 Relocation Costs							
17	1499 Development Activities *							

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

1	Signature of Executive Director	25 Amount of	24 Amount of	23 Amount of	22 Amount of	21 Amount of	20 Amount of	19 1502 Conti	18ba 9000 Collat	1Sa 1501 Collar		Line Summary	Performance and	Original Annual Statement	Type of Grant	Part I: Summary PHA Name: Housing Authority of Malheur County
	urive Director	Amount of Time 20 Related to Energy Constitution Measures	Amount of line 20 Related to Security - Hard Costs	Amount of line 20 Related to Security - Soft Costs	Amount of line 20 Related to Section 504 Activities	Amount of line 20 Related to LBP Activities	Amount of Annual Grant: (sum of lines 2 - 19)	1502 Contingency (may not exceed \$% of line 20)	9000 Collateralization or Debt Service paid Via System of Direct Payment	1501 Collateralization or Debt Service paid by the PHA		Summary by Development Account	Performance and Evaluation Report for Period Ending:	Statement   Reserve for Disasters/Emergencies		Grant Type and Number Capital Fund Program Grant No: OR168027501-09 Replacement Housing Factor Grant No: Date of CFFP:
/	Date 7//													ergencies		
\	Signatur Signatur						101,869.00				Original	Total Estimated Cost				
101	Signature of Public Housing										Revised 2	ited Cost	☐ Final Per	L Kevised	]	, kaj 1943
	Ising Director  Mon tenne		)				101,869.00				Obligated	Total Actual Cost	Final Performance and Evaluation Report	Revised Annual Statement (revision not		FFY of Grant:2009 FFY of Grant Approval:
'	1/13/2011						53,703.65				Expended	1		,	_	

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

Part II: Supporting Pages		- 2 W			Endown H	Federal HEV of Grant: 2009	3	
PHA Name: Housing Au	PHA Name: Housing Authority of Malheur County Capital Fund Prog CFFP (Yes/ No): Replacement Hou	Grant Lype and Number Capital Fund Program Grant No: OR16S027501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:	o: OR16S027501	6	E CHCL 41		· ·	
Development Number Name/PHA-Wide	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Cost	Total Actual Cost	òst	Status of Work
A ACCUMANCE				Original R	Revised '	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	Administration	1410		10.187.00		10,187.00	4,882.15	
A A A T A A A A A A A A A A A A A A A A	SUB TOTAL	1410		10,187.00		10,187.00	4,882.15	
OR02701 - Dwelling	Dwelling Improvements	1460					1	
	Replace 20+ year gas furnaces from 83% eff. to 94-95% eff. units	1460	24	48,350.00		48,350.00	48,821.50	Completed
	Install Water Saving Toilets	1460	7 Units	2,450.00		2,450.00	0.00	Ongoing
	Tub/Shower Replacements	1460	7 Units	16,269.00		16,269.00	0.00	Ongoing
	Replace Vanity Lighting	1460	7 Units	1,470.00		1,470.00	0.00	Ongoing
	Replacement of Closet Doors	1460	5 Units	22,235.00		22,235.00	0.00	Ongoing
	Replace Incandescent Lights	1460	7 Units	908.00		908.00	0.00	Ongoing
	SUB TOTAL	1460		91,682.00		91,682.00	48,821.50	
	GRAND TOTAL			101,869.00		101,805,00	55,/05.05	

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: Housing Authority of Malheur County	dule for Capital Fund ty of Malheur County	Financing Program			Federal FFY of Grant: 2009
Development Number Name/PHA-Wide	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates 1
	Original Obligation End	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
OR027001	3/18/2010	3/03/2010	3/18/2012		
HA-Wide Dwelling Improvements	3/18/2010	3/03/2010	3/18/2012		

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary	ummary			FFV of Grant: 2010
PHA Name: Hou Malheur County	PHA Name: Housing Authority of  Malheur County  Grant Type and Number  Capital Fund Program Grant No: OR16P027501-10  Replacement Housing Factor Grant No:  Date of CFFP:	27501-10		FFY of Grant Approval:
Type of Gr	Type of Grant    Reserve for Disasters/Emergencies   Original Annual Statement   Reserve for Disasters/Emergencies	☐ Revised Annual Statement (revision no: ☐ Final Performance and Evaluation Report	nt (revision no: Evaluation Report	
- Perion	reriormance and Evaluation report to a relied Entities.	Total Estimated Cost		Total Actual Cost 1
Line	Summary by Development Account	Original Revised	Obligated	Expended
H	Total non-CFP Funds			
2	1406 Operations (may not exceed 20% of line 21) 3	15,451.40		
ယ	1408 Management Improvements	40,079.90		
4	1410 Administration (may not exceed 10% of line 21)	7,725.70		
Ui	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs			
8	1440 Site Acquisition			
9	1450 Site Improvement			
10	1460 Dwelling Structures			
I	1465.1 Dwelling Equipment—Nonexpendable			
12	1470 Non-dwelling Structures			
13	1475 Non-dwelling Equipment	14,000.00		
14	1485 Demolition			
15	1492 Moving to Work Demonstration			
16	1495.1 Relocation Costs			
17	1499 Development Activities "			

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>\*</sup>RHF funds shall be included here.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

	$\cap$														
11	Signatur	25	24	เม	a	21	20	19	18ba	182	Cinc	[	Perfor	Type of Grant Original	Part I: Summary PHA Name: Housing Authority of Malheur County
/	Signature of Executive Direct	Amount of line 20 Related to Energy-Conservation Measures	Amount of line 20 Related to Security - Hard Costs	Amount of line 20 Related to Security - Soft Costs	Amount of line 20 Related to Section 504 Activities	Amount of line 20 Related to LBP Activities	Amount of Annual Grant: (sum of lines 2 - 19)	1502 Contingency (may not exceed 8% of line 20)	9000 Collateralization or Debt Service paid Via System of Direct Payment	1501 Collateralization or Debt Service paid by the PHA	Community of	Summary by Development Account	Performance and Evaluation Report for Period Endings	e of Grant Original Annual Statement	nmary thority County
1	fiye Direc	line 20 Relate	line 20 Relate	ine 20 Relate	ine 20 Relate	ine 20 Relate	Annual Grant	ıgeney (may n	cralization or F	ralization or	2000000	v Developme	valuation R	atement	Grant Type and Number Capital Fund Program Grant No: OR16P027501-10 Replacement Housing Factor Grant No: Date of CFFP:
(	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	d to Encray-C	d to Security	d to Security	d to Section 5	d to LBP Acti	: (sum of line	ot exceed 8%	Debt Service Payment	Debt Service		nt Account	eport for Per		nd Number Yogram Gran Jousing Facto
	MAX.	conservation	-Hard Costs	- Soft Costs	04 Activities	ivities	cs 2 - 19)	of line 20)	paid Via Sys	paid by the F			iod Endings	Res	it No: OR16F
		Measures			Ų,				tem of Direc	AH6			1	erve for Disc	027501-10
									я					Reserve for Disasters/Emergencies	
1	Date							-						gencies	
	2010						77,				Original				
(	Signati	1					77,257.00					Total Estir			
	Signature of Pablic H										×	Total Estimated Cost			
											Revised =		□ Final I	☐ Revise	FF
	Draing Director	A											criormane	d Annual S	FFY of Grant 2010 FFY of Grant Approval:
	ior										Obligated		Final Performance and Evaluation Report	Revised Annual Statement (revision no:	2010 Approval:
											ated		thon Kepor	vision no:	
			-			+	-					Lotal Actual Cost		Ų	
											Expended				
1	Marc 12										ided				
	8														

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>\*</sup> RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages PHA Name: Housing Au	hority of Malheur County	Grant Type and Number Capital Fund Program Grant No: OR16P027501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:	: OR16P027501-	10	Federal F	Federal FFY of Grant: 2010	10	
Development Number Name/PHA-Wide	General Description of Major Work Categories	Account No.	Quantity	Total Estimated Cost	ted Cost	Total Actual Cost	Cost	Status of Work
Activities				Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AHA-Wide	Operations	1406		15,451.40				
T TOTAL AND THE	SUB TOTAL	1406		15,451.40				
PHA-Wide	Management Improvements	1408	Software for DOS program to Windows program	40,079.90				
	SUBTOTAL	1408		54,079.90				
	Administration	1410		7,725.70				
	SUB TOTAL	1410		7,725.70				
	Unorade Computer Equipment	1475		14,000.00				
	SUBTOTAL	1475		14,000.00				
	GRAND TOTAL			77.257.00				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

Part III: Implementation Schedule for Capital Fund Financing Program	dule for Capital Fund	Financing Program			
PHA Name: Housing Authority of Malheur County	ty of Malheur County				Federal FFY of Grant: 2010
Development Number Name/PHA-Wide	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Funds (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
OR027001	3/31/2012		9/12/2014		

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1957, as amended

\$77,257.00	\$77,257.00	\$77,257.00	\$77,257.00		Grand Total	X
					Total Non-CFP Funds	ŗ
77.257.00	77.257.00	77.257.00	77,257.00		Total CFP Funds	7
					Capital Fund Financing – Debt Service	Ţ
					Development	ı
					Demolition	H
15,451.40	15,451.40	15,451.40	15,451.40		Operations	ନ
					Other	<u>'</u> ''1
7,725.70	7,725.70	7,725.70	7.725.70		Administration	ដែរ
					PHA-Wide Non-dwelling Structures and Equipment	Þ.
					Management Improvements	C.
54,079.90	54,079.90	54,079.90	54,079.90	14444441414141414141	Physical Improvements Subtotal	В.
WORK STATEMENT FOR YEAR 3 FFY 2014	Work Statement for Year 4 FFY 2013	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 1 FFY 2010	Development Number and Name OR027001	≯
Revision No:	100	Locality (City/County & State) Ontario, Malheur County, Oregon	Locality (City/County & State Ore	thority of	PHA Name/Number Housing Authority of Malheur County OR027	PHA Mail
					Part I: Summary	Par

\$77,257.00	Subtotal of Estimated Cost	Sub	\$77,257.00	Subtotal of Estimated Cost	Subt	
		and grade			and grade	
	2/4 Bdr Units = 140 sqft	meet with ADA slope		1	meet with ADA slope	
12,2/9.90	3/3 Bdr Units	Front entries slope concrete landing to	15,679.90	8/2 Bdr Dplx 160 sq.ft.	Front entries slope	
		replace with steel			replace with steel	
		and downspouts			and downspouts	
	2/4 Bdr Units = 450 ft	fascia under gutters			fascia under gutters	
	3/3 Bdr Dplx	deteriorated wood		432 ft	deteriorated wood	
36,025.00	3/2 Bdr Units	Replacement of	32,400.00	8/2 Bdr Dplx	Replacement of	
	2/4 Bdr Units = 70 vents	foundation vents			vents	
	3/3 Bdr Dplx	deteriorated		\$0 vents	deteriorated foundation	
5,775.00	3/2 Bdr Units	Replacement of	6,000.00	8/2 Bdr Dplx	Replacement of	
		Improvements			Improvements	
54,079.90		OR027001-Dwelling	54,079.90		OR027001-Dwelling	
7,725.70		Administration	7,725.70		Administration	
15,451.40		Operations	15,451.40		Operations	
		HA WIDE			HA WIDE	
		Major Work Categories			Major Work Categories	
		General Description of			General Description of	
	55 74.11	Number/Name			Number/Name	2010
Estimated Cost	Quantity	Development	Estimated Cost	Ouantity	Development	Year 1 FFY
,,,,	Work Statement for Year: 05 FFY 2012	€		Work Statement for Year 02 FFY 2011	¥	Work Statement for
50						

\$77,257.00	Subtotal of Estimated Cost	Sub	\$77,257.00	Subtotal of Estimated Cost	Subt	
					333	
					113	
					222	
					33	
		and grade			and grade	
		meet with ADA slope		· · · · · · · · · · · · · · · · · · ·	meet with ADA slope	
ě	100 sq. ft	concrete landing to	Ť	1-4 Bdr Unit = $100$ sqft	concrete landing to	
6,437.40	Row House 5 units =	Front entries slope	6,437.40	Row House 4 units	Front entries slope	
		replace with steel			replace with steel	
		and downspouts			and downspouts	
9		fascia under gutters			fascia under gutters	
	740 ft	deteriorated wood	2	1-4 Bdr Unit = 577 ft	deteriorated wood	
43,275.00	Row House 5 units =	Replacement of	43,275.00	Row House 4 units	Replacement of	
		foundation vents			vents	
	vents	deteriorated		1-4 Bdr Unit = 50 vents	deteriorated foundation	
4,367.50	Row House 5 units = 50	Replacement of	4,367.50	Row House 4 units	Replacement of	
100		Improvements	6		Improvements	
54,079.90		OR027001-Dwelling	54,079.90		OR027001-Dwelling	11
7.725.70		Administration	7,725.70		Administration	[[[]]]
15,451.40		Operations	15,451.40		Operations	
		HA WIDE			HA WIDE	
		Major Work Categories			Major Work Categories	
		General Description of			General Description of	
	20	Number/Name		8	Number/Name	2009
Estimated Cost	Quantity	Development	Estimated Cost	Quantity	Development	Year 1 FFY
	FFY 2014			FFY 2013		Statement for
101	Work Statement for Year: 05	V		Work Statement for Year 04	,	Work
			ment (v)			The second secon